



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 17 with 4 Articles
and Search Report with Written Opinion

Application Number	10/603,695
Filing Date	June 26, 2003
First Named Inventor	Michael E. Dobbs et al.
Art Unit	2878
Examiner Name	Patrick J. Lee
Attorney Docket No.	ITDE-PACD106US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached

<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/Declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input checked="" type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation,
Change of Correspondence
Address
<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) ____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication
to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply
Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please
identify below):
PTO/SB/08a/08b; PTO-2038; 4
Articles; Search Report with
Written Opinion; and Return
Post Card |
|--|--|---|

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Jack J. Jankovitz		
Date	August 30, 2005	Registration No.	42,690

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Jack J. Jankovitz	Date	August 30, 2005

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Effective on 12/08/04.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

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TOTAL AMOUNT OF PAYMENT (\$) 310.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **18-0350** Deposit Account Name: **RatnerPrestia**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	_____
Design	300	150	500	250	200	100	_____
Plant	200	100	100	50	130	65	_____
Reissue	200	100	300	150	160	80	_____
Provisional	300	150	500	250	600	300	_____
	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Fee and Terminal Disclaimer

Fees Paid (\$)

180.00 and 130.00

SUBMITTED BY _____ Complete (if applicable)

Signature	Registration No. Attorney/Agent)	42,690	Telephone	610-407-0700
Name (Print Type)	Jack P. Jarkovitz		Date	August 30, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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